

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET SUITE 2035
NORTH ANDOVER, MASSACHUSETTS 01845



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WEBSITE: <http://www.northandoverma.gov>

*** POOL PERMIT APPLICATION ***

Application is hereby made for a permit to operate a (check one please):

☐ *public* ☐ *semi-public* ☐ *wading* ☐ *special purpose* pool.

**Please fill out this form completely*

Owner: _____

Address/Tel. # _____

Management Co. (if applicable): _____

Certified Pool Operator: (CPO) _____ **Tel.#** _____

GENERAL INFORMATION

Please refer to the state code: 105 CMR 435.000: Minimum Standards for Swimming Pools, State Sanitary Code, Chapter V for all regulations. These regulations can be accessed through the state website at www.state.ma.

TYPE: _____

LENGTH: _____

WIDTH: _____

VOLUME: _____

AVERAGE FLOWMETER RATE: _____ **RATE OF TURNOVER:** _____

SIZE: Swimming Area (sq. ft.) _____

Non Swimming Area (sq. ft.) _____

Diving Area (sq. ft.) _____

Maximum Capacity (persons) _____ # of Life Guards _____

SCUM GUTTER: _____

TRIM AND FINISH: Pool walls and bottom _____

DECKING: TYPE: _____ Minimum Width: _____

MECHANICAL INFORMATION: Filters: Kind _____

Skimmers: Weir Length _____ Number _____

Chlorinator: Type _____ Capacity (lbs) _____

Chemical feeders: _____ Quantity _____

FENCE HEIGHT: _____

REMARKS: _____

FEE: \$135.00 per pool. Please make Checks payable to the Town of North Andover

Check enclosed _____ **Payment made on line** _____

If application and payment not received by May 1st, fee will be doubled to \$270.00 per pool.